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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER TECH CENTER 1502300 PM 3474
SERIAL NO: 09/288,344	FILING DATE: April 8, 1999	EXAMINER: L. Crane	GROUP ART UNIT: 1623
INVENTION: METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS			

BOX AF
TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: BOX AF, Commissioner for Patents, Washington, D.C., 20231 on September 25, 2000.

By: *Deborah L. Cadena*
Deborah L. Cadena, Reg. No. 44,048

September 25, 2000
Date of Signature

Transmitted herewith is a Response to Final Office Action mailed April 25, 2000, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ Petition for a two-month Extension of Time is enclosed (in duplicate).
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	39	-	46	-	0	x	\$9	\$18	=	\$0	\$
INDEPEN- DENT CLAIMS	6	-	5	-	0	x	\$39	\$78	=	\$39	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		_____YES		_____X_____NO			\$130	\$260	=	\$0	\$
							TOTAL ADDITIONAL FEE:			\$39	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

Inventors: Seidman and Théorêt
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- X A check in the amount of **\$229.00** is enclosed, of which **\$190.00** covers the fee for a small entity two-month extension of time, and **\$39.00** covers the additional claim fee.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X Any additional filing fees required under 37 C.F.R. 1.16.
- X Any patent application processing fees under 37 C.F.R. 1.17.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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